

Monthly Budget

Source of Income	Income Amount	Income Frequency
1)		
2)		
3)		
4)		

Total Monthly Income: _____

Things I spend money on:

Item	Amount Spent	Item	Amount Spent
Rent		Ubers/Lyft	
Utilities		Uber Eats/Skip the Dishes	
Groceries		Child costs	
Phone bill		Spending time with friends	
Internet bill		Going out to eat	
Bus pass		Health (prescriptions)	
Coffee		Shopping	
Debt		Cigarettes/vape	
Alcohol		Tuition	
Textbooks		Other	

Total Monthly Amount Spent: _____

TOTAL MONTHLY INCOME – MONTHLY AMOUNT SPENT: _____